

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M03000002397					
1. Entity Name SECOND FAIRGROUNDS HOLDING GP LLC					
Principal Place of Business C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, SUITE 1101-E WEST PALM BEACH, FL 33401			Mailing Address C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, SUITE 1101-E WEST PALM BEACH, FL 33401		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		04202005 Chg-LLC CR2E083 (11/05)	
4. FEI Number APPLIED FOR				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☒ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHEWALTER, WILLIAM A C/O THE GOODMAN COMPANY 777 SOUTH FLAGLER DRIVE, SUITE 1101-E WEST PALM BEACH, FL 33401			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
DATE					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GOODMAN PROPERTIES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 1101-E WEST PALM BEACH, FL 33401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000548913 05/12/06-80083-012 55.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
Goodman Properties Inc., manager					
SIGNATURE: _____		April 27, 2006		561-833-3777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
William A. Shewalter, Vice President					